#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

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Joint reports require only one cover page.	14		
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#### Choose one:

This report is being submitted on behalf of an individual MS4.

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#### OR

O This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

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#### OR

O This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

Provide SPDES ID of each permitted MS4 included in this report.

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# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

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Name of MS4 City of New Rochelle	1	1 Y	R	2	0	A	2	0	7
Each MS4 must submit an MCC form.									
Section 1 - MCC Identification Page									
Indicate whether this MCC form is being submitted to certify endorsement	nt or acce	ptan	ice o	of:					
<ul> <li>An Annual Report for a single MS4</li> </ul>									
○ A Single Entity (Per Part II.E of GP-0-10-002)									
O A Joint Report									
Joint reports may be submitted by permittees with legally b	oinding a	gree	mei	ıts.					
If Joint Report, enter coalition name:		_							
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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

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#### Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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#### **MS4 Annual Report Cover Page**

MCC form for period ending March 9, 2 0 1 7

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## **Choose one:**

## ● This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

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#### OR

O This report is being submitted o	on behalf	of a	Single	<b>Entity</b>
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(Per Part II.E of GP-0-10-002)

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#### OR

## ○ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

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# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

Provide SPDES ID of each permitted MS4 included in this report.

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

Name of MS4 City of New Rochelle	SPDES ID           N         Y         R         2         0         A         2         0         7
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement or a  ● An Annual Report for a single MS4  ○ A Single Entity (Per Part II.E of GP-0-10-002)  ○ A Joint Report	acceptance of:
Joint reports may be submitted by permittees with legally binding If Joint Report, enter coalition name:	ng agreements.

#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

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#### **Section 2 - Contact Information**

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For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 7

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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$ 

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Name of MS4 City of New Rochelle	N	YR	2	0	A	2	0	7

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name	MI	Last Name
Charles	В	Strome
Title (Clearly print title of individual signing report)		
C i t y M a n a g e r		
Signature		Date / / /

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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## **MS4 Annual Report Form**

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The information in this section is being reported (check one):												
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>												
1. Targeted Public Education and Outreach Best Managem	ent	Pra	ctic	es								
Check all topics that were included in Education and Outreach d	lurir	ng th	nis r	epc	orti	ng pe	erio	d:				
• Construction Sites	•	Pes	ticid	e a	nd	Fertil	izer	· Ap	plio	cati	on	
<ul> <li>General Stormwater Management Information</li> </ul>		Pet	Was	ste	Ma	nage	men	t				
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2. Specific audiences targeted during this reporting period:												
O Public Employees O Contractors												
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● Businesses ● General Public												
● Restaurants ○ Industries												
• Other: O Agricultural												
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If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 7$ 

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This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 7 & 1 \end{vmatrix}$ 

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Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward ach identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	T
A. Briefly summarize the Measurable Goal identified in the SWM	MPP in this reporting period.
Printed information provided at City Hall and can be downloaded from weekly depending on season. Questionnaire on publics understanding available for completion and return to the City. Solid Waste schedul disposal and stormwater information.	ng of Stormwater Management
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
PSA's run about 8 x's/day depending on the season. After the Storm, Runoff, & River Smart Homes have been run about 100 x's annually following a major weather event, change of seasons & late July/early schedule which includes recycling & "Love Em & Leave Em" leaf d about 28,000 businesses & households. Leaf bagging program to elim	y, usually leading up to or y September. Solid waste
C. How many times was this observation measured or evaluated	in this reporting period?
	(ex.: samples/participants/eve
D. Has your MS4 made progress toward this Measurable Goal d	uring this reporting period? ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the	SWMPP? • Yes • No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	
Continue with questionnaire. Continue with making literature availar announcements and TV spots. Continue to emphasize leaf bagging a Increase Public awareness for proper pet waste disposal through instance. Sound sign in area of detected discharge.	and mulching programs.

This report is being submitted for the reporting period ending March 9, 2 0 1 7

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			SPDES ID			
Name of MS4/Coalition City of New Rochelle			N Y R 2	2 0 A	2 0	7
Minimum Control Measure	2. Public I	nvolvemen	t/Particip	ation		
The information in this section is being reported (cl			<del>_</del>			
• On behalf of an individual MS4						
On behalf of a coalition  How many MS4s contributed to this	is report?					
_	•					
1. What opportunities were provided for pu development, evaluation and improvement					m	
(SWMP) Plan during this reporting period				rogran	**	
<ul> <li>Cleanup Events</li> </ul>			# Events			3
O Comments on SWMP Received			#Comments			
<ul><li>Community Hotlines</li></ul>	Phone #	(914	) 6 5 4	_ 2	1 3	0
Phone # ( 9 1 4 ) 2 3 5 - 3 5 6	7 Phone #		)	1-		П
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O Community Meetings		\	# Attendees			Ħ
○ Plantings			Sq. Ft.			
O Storm Drain Markings			#Drains			$\Box$
O Stakeholder Meetings			# Attendees			П
O Volunteer Monitoring			# Events			П
Other:						П
2. Was public notice of availability of this ar	nual report	and Storms	ater Manac	zement	+	
Program (SWMP) Plan provided?		and Stormy	ater Manag	• Ye		No
○ List-Serve			# In List			
O Newspaper Advertising			# Days Run			
TV/Radio Notices			# Days Run			7
● Other: C i t y C l e r k B u	1 1 e t	i n B	o a r d			

• Web Page URL: Enter URL(s) on the following two pages.

This report is being submitted for the reporting period ending March 9, 2 0 1 7 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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4.a. If this report was made available on the internet, what date	was it po	osted?					
Leave blank if this report was not posted on the internet.	0 5	<b>/</b> 0	9	1	2 0	1	6
4.b. For how many days was/will this report be posted?					3	6	5
If submitting a report for single MS4, answer 5.a If submitting	g a joint r	eport,	ans	wer	5.b		
5.a. Was an Annual Report public meeting held in this reporting	• -	?			Yes		No
If Yes, what was the date of the meeting?	0 5	/ 0	9	I	2 0	1	6
If No, is one planned?				•	Yes	0	No
5.b. Was an Annual Report public meeting held for all MS4s co	ntributin	g to t	his	rep	ort d	uriı	ng
this reporting period?					Yes	0	No
If No, is one planned for each?				0	Yes	0	No
6. Were comments received during this reporting period?				0	Yes		No
6. Were comments received during this reporting period? If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.				0	Yes	•	No

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 \end{bmatrix}$  1  $\begin{bmatrix} 7 & 1 \end{bmatrix}$ 

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SPDES ID

Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
<b>Minimum Control Measure 3.</b>	Illicit Discharge Detection and Elimination
The information in this section is being reported	(check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to t</li> </ul>	this report?
1. Enter the number and approx. percent	of outfalls mapped: 29# 100%
2. How many of these outfalls have been s reporting period (outfall reconnaissance	creened for dry weather discharges during this e inventory)?
3.a. What types of generating sites/sewershoreporting period?	eds were targeted for inspection during this
O Auto Recyclers	Landscaping (Irrigation)
O Building Maintenance	<ul><li>Marinas</li></ul>
○ Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
O Construction Vehicle Washouts	O Printing
<ul><li>Cross-Connections</li></ul>	O Residential Carwashing
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	<ul> <li>Schools and Universities</li> </ul>
○ Garbage Truck Washouts	O Septic Maintenance
○ Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
• Other:	○ None
EPATestingp	e r Notice
O Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 1 6

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	SPDES ID	
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0	7
3.b. What types of illicit discharges have	e been found during this reporting period?	
O Broken Lines From Sanitary Sewer	O Industrial Connections	
<ul><li>Cross Connections</li></ul>	○ Inflow/Infiltration	
O Failing Septic Systems	O Pump Station Failure	
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows	
O Illegal Dumping	O Straight Pipe Sewer Discharges	
Other:	○ None	
4. How many illicit discharges/potentia reporting period?	al illegal connections have been detected during this	1
5. How many illicit discharges have been	en confirmed during this reporting period?	1
	een confirmed during this reporting period?  connections have been eliminated during this reporting	
6. How many illicit discharges/illegal coperiod?	connections have been eliminated during this reporting period?  • Yes	g
<ul><li>6. How many illicit discharges/illegal coperiod?</li><li>7. Has the storm sewershed mapping b</li></ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The open completed in this reporting period?	g 1
<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping book If No, approximately what percent was severed.</li> <li>8. Is the above information available in Is this information available on the value of the second severed.</li> </ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The open completed in this reporting period?	9 No 0 %
<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping book of the storm sewershed mapping</li></ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The completed in this reporting period?	9 No 0 %
<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping book of the storm sewershed mapping</li></ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The completed in this reporting period?	9 No 0 %
<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping book of the storm sewershed mapping</li></ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The completed in this reporting period?	9 No 0 %
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<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping be If No, approximately what percent was</li> <li>8. Is the above information available in Is this information available on the VI If Yes, provide URL(s):</li> <li>Please provide specific address of page URL</li> </ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The completed in this reporting period?	9 No 0 %
<ul> <li>6. How many illicit discharges/illegal coperiod?</li> <li>7. Has the storm sewershed mapping be If No, approximately what percent was</li> <li>8. Is the above information available in Is this information available on the VI If Yes, provide URL(s):</li> <li>Please provide specific address of page URL</li> </ul>	connections have been eliminated during this reporting period?  Some completed in this reporting period?  The completed in this reporting period?	9 No 0 %

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SPDES ID

Name of MS4/Coalition	City of New Rochelle	N Y R 2 0 A 2 0 7
12 Evaluating Proc	gress Toward Measurable Goals MCM 3	
12. Evaluating F10	gress Toward Measurable Goals MCM 5	
identified in your St	ort on your progress and project plans toward ormwater Management Program Plan (SWMI tional pages as needed.	
A. Briefly summar	ize the Measurable Goal identified in the S	WMPP in this reporting period.
connection on it's p system. The levels	of 1,225 students, Isaac E. Young Middle Schroperty through sampling and analysis of the sof fecal and coliform were higher than NYS ions to eliminate the illicit discharge to the City	City's connected storm water Standards allow. The school made
B. Briefly summar Goal.	rize the observations that indicated the over	rall effectiveness of this Measurable
	ound and eliminated. Samples tested for fecal or outfalls for illicit discharges.	and total coliform analysis. City
C. How many time	es was this observation measured or evalua	ted in this reporting period?
·		
		(ex.: samples/participants/ever
D. Has your MS4	made progress toward this measurable goa	l during this reporting period?  ● Yes ○ No
E. Is your MS4 on	schedule to meet the deadline set forth in t	he SWMPP?  • Yes • No
•	rize the stormwater activities planned to mo	eet the goals of this MCM during
Inspect outfalls and	trunk lines for Illicit Discharges.	

This report is being submitted for the reporting period ending March 9,  $\begin{vmatrix} 2 & 0 \end{vmatrix} 1 \begin{vmatrix} 6 & 1 \end{vmatrix}$ 

		SF	DES	SID						
Name of MS4/Coalition	City of New Rochelle	N	Y	R	2	0	A	2	0	7
	<b>Minimum Control Me</b>	asures 4 and 5.								

	Construction Site and Post-Construction Control		
Th	ne information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	a. Has each MS4 contributing to this report adopted a law, ordinance or other regulat mechanism that provides equivalent protection to the NYS SPDES General Permit is Stormwater Discharges from Construction Activities?	for	○ No
1b	o. Has each Town, City and/or Village contributing to this report documented that the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Eros Sediment Control through either an attorney cerfification or using the NYSDEC Ga	ion	
	Analysis Workbook? • Yes ON	lo	$\circ$ NT
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local Law.  ○ 09/2004 ● 03/200	)6	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place? • Y	es	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) have be reviewed in this reporting period?	en	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of public comments related to construction SWPPPs?	Ю	O NT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about the I SWPPP process?		l ● No

6.	Identify which of the following types of enforcement actions you used during the reporting
	period for construction activities, indicate the number of actions, or note those for which you
	do not have authority:

Notices of Violation	#	O No Authority
Stop Work Orders	#	O No Authority
Criminal Actions	#	O No Authority
Termination of Contracts	#	O No Authority
Administrative Fines	#	O No Authority
Civil Penalties	#	O No Authority
Administrative Orders	#	O No Authority
• Enforcement Actions or Sanctions	#	
Other	#	O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 1 6

	SPDES ID
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
Minimum Control Measure 4. Construction Signature	te Stormwater Runoff Control
The information in this section is being reported (check one):	
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>	
How many MS4s contributed to this report?	
1. How many construction projects have been authorized for during this reporting period?	or disturbances of one acre or more
2. How many construction projects disturbing at least one during this reporting period?	acre were active in your jurisdiction
3. What percent of active construction sites were inspected	
4. What percent of active construction sites were inspected	7.0
5. Do all inspectors working on behalf of the MS4s contribe Construction Stormwater Inspection Manual?	70
6. Does your MS4/Coalition provide public access to Storm (SWPPPs) of construction projects that are subject to M	water Pollution Prevention Plans S4 review and approval?  • Yes O No O NT
If your MS4 is Non-Traditional, are SWPPPs of constructional public review?	
If Yes, use the following page to identify location(s) where S	SWPPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 1 6
If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID Name of MS4/Coalition City of New Rochelle NYR2 0 A 2 0 7 6. con't.: Submit additional pages as needed. MS4/Coalition Office Department Bu i d i n В g u r е a u Address 5 | 1 | 5 N r t h Α 0 V e n u е City Zip 1 1 NY N e w R 0 C h 1 0 8 0 1 е е Phone 9 2 0 3 O Library Address City Zip Phone Other Address City Zip Phone O Web Page URL(s): Please provide specific address where SWPPPs can be accessed - not home page. URL

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						5 7		À					14					1
URL																		

This report is being submitted for the reporting period ending March 9,

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SPDES ID

Name of MS4/Coalition	City of New Rochelle	N Y R 2 0 A 2 0 7
Use this page to repidentified in your St III.C.1. Submit addi	gress Toward Measurable Goals MCM 4 ort on your progress and project plans toward ormwater Management Program Plan (SWMF tional pages as needed. rize the Measurable Goal identified in the Sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to monitor projects for compared to the sortment continues to the sortment continu	WMPP in this reporting period.
B. Briefly summar Goal.	rize the observations that indicated the over	all effectiveness of this Measurable
Continue inspectio 1 project active this	ns of projects requiring SWPPP's. reporting period.	
C. How many time	es was this observation measured or evaluat	red in this reporting period?
D. Has your MS4 I	made progress toward this measurable goal	
E. Is your MS4 on	schedule to meet the deadline set forth in the	he SWMPP?  ● Yes ○ No
•	rize the stormwater activities planned to me ng cycle (including an implementation sche	5
	ster and monitor all projects underway over 1 ined 4 hour training certificates this reporting	

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

N Y R 2 0 A 2 0 7

Name of MS4/Coalition	City of New Rochelle				N Y R	2 0 A 2	0 7
Minimum	Control Mea	sure 5. Post	-Constructio	on Storn	nwater	Manageme	<u>ent</u>
The information in th	is section is bein	ng reported (chec	ck one):				
<ul><li>On behalf of an inc</li><li>On behalf of a coa</li><li>How m</li></ul>		ributed to this	report?	,			
1. How many and MS4/Coalition in						s has your	
		# Inventoried	# Inspections	# Tim Maintai			
O Alternative Practic	es		Inspections	. Walita			
• Filter Systems			4	2	9		
• Infiltration Basins					3		
Open Channels							
<ul><li>Ponds</li></ul>					1		
O Wetlands							
Other							
2. Do you use an o BMPs, inspecti			abase, spreadsl	heet) to t	rack pos	t-construction	on O No
3. What types of a Development/B					nt Low I	mpact	
<ul><li>Building Codes</li></ul>	<ul><li>Municipal C</li></ul>	omprehensive P	lans				
<ul><li>Overlay Districts</li></ul>	Open Space	Preservation Pro	ogram				
<ul><li>Zoning</li></ul>	O Local Law o	r Ordinance					
○ None	O Land Use Re	egulation/Zoning	g				
O Watershed Plans	Other Comp	rehensive Plan					
Other:							

This report is being submitted for the reporting period ending March 9, 2 0 1 6

		SPDES ID								
Nar	me of MS4/Coalition City of New Rochelle	N	Y	R	2	0	A	2	0	7
4a.	. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vid	e pl	ann	-	eff Ye			No
4b	. Does the MS4 have a banking and credit system for stormwater manage	eme	nt j	pra	ctic		Ye	v.C.	•	No
4c.	Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwater	-				val t pr	uat	ion ice'	?	No
4d	. How many stormwater management practices have been implemented reporting period?	as p	art	of t	this	sys	ten	in	thi	S
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?						atte	nde	<b>ed</b>	%

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

Name of MS4/Coalition City of New Rochelle  SPDES ID  N Y R 2 0 A 2 0 7
6. Evaluating Progress Toward Measurable Goals MCM 5
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Identify and Inventory all Best Management Practices installed.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
No BMP's inventoried this reporting period.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/events  D. Has your MS4 made progress toward this measurable goal during this reporting period?
● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
● Yes ○ No  F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue to identify and add to inventory new Best Management Practices brought on line. Insure inspection and maintenance in accordance with SWPPP requirements.

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID							
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nent for N	<u> Auni</u>	cip	al (	<u>Op</u>	era	<u>tions</u>	
	N	N Y R	N Y R 2	N Y R 2 0	N Y R 2 0 A	SPDES ID  N Y R 2 0 A 2 0  nent for Municipal Operat	

The information in this section is being reported (check one):

On behalf of an individual MS4
On behalf of a coalition

How many MS4s contributed to this report?

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

performed within t				
<b>Operation/Activity/Facility</b>	Addressed i	n SWMP?	years?	
Street Maintenance	• Yes	○ No	• Yes	○ No
Bridge Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No
Winter Road Maintenance	• Yes	○ No	• Yes	$\bigcirc$ No
Salt Storage	• Yes	○ No	• Yes	○ No
Solid Waste Management	• Yes	○ No	• Yes	○ No
New Municipal Construction and Land Disturba	nce • Yes	○ No	<ul><li>Yes</li></ul>	○ No
Right of Way Maintenance	Yes	○ No	• Yes	$\bigcirc$ No
Marine Operations	• Yes	○ No	• Yes	○ No
Hydrologic Habitat Modification		• No	○ Yes	<ul><li>No</li></ul>
Parks and Open Space	• Yes	○ No	Yes	○ No
Municipal Building	• Yes	○ No	• Yes	$\bigcirc$ No
Stormwater System Maintenance		○ No	• Yes	○ No
Vehicle and Fleet Maintenance	• Yes	○ No		○ No
Other	○ Yes	• No	O Yes	<ul><li>No</li></ul>

	SPDES ID				_
Name of MS4/Coalition City of New Rochelle	N Y R 2	0 A	2	0	7
2. Provide the following information about municipal operations go	ood housekeep	ing p	rog	ram	s:
• Parking Lots Swept (Number of acres X Number of times swept)	# Acres		-	1	8
• Streets Swept (Number of miles X Number of times swept)	# Miles	1 0	8	8	1
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>	#		3	0	5
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>	#				
O Phosphorus Applied In Chemical Fertilizer	# Lbs.				
O Nitrogen Applied In Chemical Fertilizer	# Lbs.				
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number	# Acres			].[	
times applied to the nearest tenth.)					
3. How many stormwater management trainings have been provid	ed to municipa	al em	ploy	ees	
during this reporting period?					1
4. What was the date of the last training?	0 6 / 1 7	] [ :	2 0	1	5
5. How many municipal employees have been trained in this repor	ting period?				6
6. What percent of municipal employees in relevant positions and stormwater management training?	departments r		<b>e</b> L 0	0	%

This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 6$ 

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMIII.C.1. Submit additional pages as needed.  A. Briefly summarize the Measurable Goal identified in the S	PP), including requirements in Part
Number of Stormwater Catch Basins Inspected and Cleaned. Ins	
2 at Twin Lakes, 2 at Beechmont Lake and 1 at Glenwood Lake.	tan, maintain and store 3 aerators.
B. Briefly summarize the observations that indicated the over Goal.	all effectiveness of this Measurable
305 catch basins inspected and cleaned. 184 catch basins repaired sweeping material collected and disposed of	d. 800 cubic yards of street
C. How many times was this observation measured or evaluate	ed in this reporting period?
	1
D. Has your MS4 made progress toward this measurable goal	(ex.: samples/participants/events, during this reporting period?
	• Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in th	
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	et the goals of this MCM during
Continue to inspect and clean stormwater catch basins. Continue to other maintenance as per stormwater management plan.	to provide scheduled sweeping and

**MS4 Annual Report Form** This report is being submitted for the reporting period ending March 9, If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID NYR2 0 Name of MS4/Coalition Additional Watershed Improvement Strategy Best Management Practices The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? MS4s must answer the questions or check NA as indicated in the table below. Check NA (POC) **MS4 Description** Answer **NYC EOH Watershed** Phosphorus 1,2,3,4,5,6,7a-d,8a,8b,9 10.11.12 Traditional Land Use 5,10,11,12 Phosphorus Traditional Non-Land Use 1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9 3,4,5,10,11,12 Phosphorus Non-Traditional Onondaga Lake Watershed Traditional Land Use 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 Phosphorus 1,6,7a-d,8a,9 2,3,4,5,8b,10,11,12 Phosphorus Traditional Non-Land Use Phosphorus 2,3,4,5,8b,10,11,12 1,6,7a-d,8a,9 Non-Traditional **Greenwood Lake Watershed** 2,3,5,86,10,11,12 Phosphorus Traditional Land Use 1,4,6,7a-d,8a,9 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus Traditional Non-Land Use Phosphorus 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 Non-Traditional **Oyster Bay** Pathogens 1,4,7a-d,9,10,11,12 2,3,5,6,8a,8b Traditional Land Use Pathogens 2,3,5,6,8a,8b Traditional Non-Land Use 1,4,7a-d,9,10,11,12 2,3,4,5,8a,8b,10,11,12 Pathogens 1,4,7a-d,9 Non-Traditional **Peconic Estuary** Pathogens and Nitrogen 1,4,7a-d,8a,9,10,11,12 2,3,5,6,8b Traditional Land Use Pathogens and Nitrogen 2,3,5,6,8b Traditional Non-Land Use 1,4,7a-d,8a,9,10,11,12 Pathogens and Nitrogen 2,3,4,5,8b,10,11,12 Non-Traditional 1,4,7a-d,8a,9 Oscawana Lake Watershed 2,3,5,8b,10,11,12 Phosphorus 1,4,6,7a-d,8a,9 Traditional Land Use Phosphorus 2,3,5,8b,10,11,12 1,4,6,7a-d,8a,9 Traditional Non-Land Use Non-Traditional 1,4,6,7a-d,8a,9 2,3,5,8b,10,11,12 Phosphorus LI 27 Embayments Pathogens Traditional Land Use 1,2,3,4,7a-d,9,10,11,12 5,6,8a,8b Pathogens Traditional Non-Land Use 5,6,8a,8b 1,2,3,4,7a-d,9,10,11,12 Non-Traditional 1,2,3,4,7a-d,9 5,6,8a,8b,10,11,12 Pathogens 1. Does your MS4/Coalition have an education program addressing impacts of phosphorus/nitrogen/pathogens on waterbodies?  $\bigcirc$  No O Yes  $\circ$  N/A 2. Has 100% of the MS4/Coalition conveyance system been mapped in GIS? O Yes  $\bigcirc$  No  $\circ$  N/A If N/A, go to question 3. If No, estimate what percentage of the conveyance system has been mapped so far. %

Estimate what percentage was mapped in this reporting period.

%

This report is being submitted for the reporting period end	ing March 9,
If submitting this form as part of a joint report on behalf of a coali	tion leave SPDES ID blank.
Name of MS4/Coalition	SPDES ID  N Y R 2 0
ivalite of ivis4/Coantion	14 1 14 2 0
3. Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	m (infrastructure) Inspection  O Yes O No O N/A
4. Estimate the percentage of on-site wastewater treatment systems	s that have been inspected
and maintained or rehabilitated as necessary in this reporting pe	eriod?
5. Has your MS4/Coalition developed a program that provides pro NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from condisturb five thousand square feet or more?	om Construction Activities
6. Has your MS4/Coalition developed a program to address post-corunoff from new development and redevelopment projects that deequal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities the New York State Stormwater Design Manual Enhanced Phosp Standards?	disturb greater than or DEC SPDES General (GP-0-08-001), including
7a. Does your MS4/Coalition have a retrofitting program to reduce ophosphorus/nitrogen/pathogen loading?	erosion or O Yes O No O N/A
7b. How many projects have been sited in this reporting period?	
7c. What percent of the projects included in 7b have been completed	l in this reporting period?
1 Julius and a second completed	%
7d. What percent of projects planned in previous years have been co	mpleted?
previous years have been co	impleted:
	O No Projects Planned
8a.Has your MS4/Coalition developed and implemented a turf mana	gement practices and
procedures policy that addresses proper fertilizer application on	municipally owned
lands?	○ Yes ○ No ○ N/A
8b.Has your MS4/Coalition developed and implemented a turf mana procedures policy that addresses proper disposal of grass clipping	gement practices and gs and leaves from
municipally owned lands?	○ Yes ○ No ○ N/A

This report is being submitted for the reporting period ending			
If submitting this form as part of a joint report on behalf of a coalition	leave SPDES	ID blan	k.
Name of MS4/Coalition	SPDES ID  N Y R 2	0	
9. Has your MS4/Coalition developed and implemented a program of	notive plan	4: ~-9	
2. 1143 your 14154/Coantion developed and implemented a program of	-	ung? ○ No	O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste of			
prohibiting goose feeding?	O Yes	○ No	O N/A
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	○ No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	O No	O N/A

#### **MS4 Annual Report Cover Page**

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 \end{vmatrix}$  7

This	cover	page n	nust be	completed	by the	report	preparer.
Join	t repo	rts requ	uire only	y one cove	r page.		

SPI	DES	ID			,			
N	Y	R	2	0	A	2	0	7

#### **Choose one:**

### ● This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Nar	ne	of	M	S4																			
С	i		t	У	C	)	f	N	е	W	R	0	С	h	е	1	1	е					

#### OR

### ○ This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

1 1
1 1

#### OR

#### ○ This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

Nar	ne c	of Co	oalit	ion						_	_		T	1	T	Т									
							$\perp$		+	+	+	-	-	_	1								_	4	
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## MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 6

Provide SPDES ID of each permitted MS4 included in this report.

SPDES ID	SPDES ID	SPDES ID
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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 6

SPDES ID

Name of MS4 City of New Rochelle	1	1 Y	R	2	0 <i>P</i>	1 2	0 7	
Each MS4 must submit an MCC form.								
Section 1 - MCC Identification Page								
Indicate whether this MCC form is being submitted to certify endorseme	nt or acco	eptan	ice (	of:				
<ul> <li>An Annual Report for a single MS4</li> </ul>								
○ A Single Entity (Per Part II.E of GP-0-10-002)								
○ A Joint Report								
Joint reports may be submitted by permittees with legally	binding a	igree	eme	nts				
If Joint Report, enter coalition name:								
		+	-			$\pm$	+	7

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County

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9,  $\begin{vmatrix} 2 & 0 & 1 & 7 \end{vmatrix}$ 

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Name of MS4 City of New Rochelle	SPDES ID           N         Y         R         2         0         A         2         0         7
Section 2 - Contact Information	
Important Instructions - Please Read	
Contact information must be provided for <u>each</u> of the following po	sitions as indicated below:
<ol> <li>Principal Executive Officer, Chief Elected Official or other qua GP-0-08-002 Part VI.J).</li> </ol>	lified individual (per
<ol><li>Duly Authorized Representative (Information for this contact m Authorized Representative is signing this form)</li></ol>	ust only be submitted if a Duly
3. The Local Stormwater Public Contact (required per GP-0-08-00	2 Part VII.A.2.c & Part VIII.A.2.c).
<ol> <li>The Stormwater Management Program (SWMP) Coordinator (I coordination/implementation of SWMP).</li> </ol>	ndividual responsible for
5. Report Preparer (Consultants may provide company name in the	e space provided).
A separate sheet must be submitted for each position listed above filled by the same individual. If one individual fills multiple role once and check all positions that apply to that individual.	ve unless more than one position is es, provide the contact information
If a new Duly Authorized Representative is signing this report, a provided and a signature authorization form, signed by the Prince Elected Official must be attached.	their contact information must be cipal Executive Officer or Chief
For each contact, select all that apply:	
<ul> <li>Principal Executive Officer/Chief Elected Official</li> </ul>	
O Duly Authorized Representative	
O Local Stormwater Public Contact	
O Stormwater Management Program (SWMP) Coordinator	
O Report Preparer	
First Name MI Last Name	
Charles B Stro	me
Title	
C i t y M a n a g e r	
Address	

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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 7

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#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 7

	SPI	DES	ID						
Name of MS4 City of New Rochelle	N	Y	R	2	0	A	2	0	7

#### **Section 4 - Certification Statement**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name  C h a r l e s	MI B	Last Name S t r o m e
Title (Clearly print title of individual signing report)		
C i t y Manager		
Signature		
		Date

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

Name of M	IS4/Coa	lition	City of	New R	tochell	le												Γ	SPD N	Y Y	ID R	2	0	A	2	0	7
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This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 7 \end{bmatrix}$ 

	SPDES ID
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
Minimum Control Measure 1. Public Ed	ucation and Outreach
The information in this section is being reported (check one):	
• On behalf of an individual MS4	
On behalf of a coalition  How many MS4s contributed to this report?	
1. Targeted Public Education and Outreach Best Management	ent Practices
Check all topics that were included in Education and Outreach d	uring this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
<ul> <li>General Stormwater Management Information</li> </ul>	Pet Waste Management
<ul> <li>Household Hazardous Waste Disposal</li> </ul>	<ul><li>Recycling</li></ul>
● Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	<ul><li>Trash Management</li></ul>
O Smart Growth	• Vehicle Washing
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:  Leaf Mulching  Other	O None
2. Specific audiences targeted during this reporting period:	
O Public Employees O Contractors	
<ul><li>Residential</li><li>Developers</li></ul>	
● Businesses ● General Public	
<ul><li>Restaurants</li><li>Industries</li></ul>	
• Other:	
service stations and Other	a u t o r e p a i r

# MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

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#### MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 1 8

#### Provide SPDES ID of each permitted MS4 included in this report.

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## MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

Name of MS4 City of New Rochelle	SPDES ID  N Y R 2 0 A 2 0 7
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted to certify endorsement or a  • An Annual Report for a single MS4	acceptance of:
O A Single Entity (Per Part II.E of GP-0-10-002)	
O A Joint Report	
Joint reports may be submitted by permittees with legally bindin	ng agreements.
If Joint Report, enter coalition name:	

#### MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

M. 400.	SPI	DES	SID						
Name of MS4 City of New Rochelle	N	Y	R	2	0	A	2	0	7
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#### Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for <u>each</u> of the following positions as indicated below:

- Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VI.J).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- O Report Preparer

First Name	MI Last Name
Charles	B Strome
Title	1 1
C i t y M a n a g e r	
Address	
5 1 5 North Avenue	
City	State Zip
New Rochelle	N Y 1 0 8 0 1 -
eMail	
eMail cstrome@newroche	1 1 e n y . c o m
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## MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 1 8

	SPDES ID
Name of MS4 City of New Rochelle	N Y R 2 0 A 2 0 7
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all	permit requirements during this reporting
period?	• Yes O No
If Yes, complete information below.	
Submit a separate sheet for each partner. Information provid accepted. If your MS4 cooperated with a coalition, submit of	
coalition. It is not necessary to include a separate sheet for e	
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
Cnty of Westchester	Planning Dept
Partner/Coalition Name (con't.)	SPDES Partner ID - If applicable
	N Y R 2 0
Address	
148 Martine Avenue	
City White Plains	State Zip  N Y 1 0 6 0 1 -
eMail	
	COM
Phone	
Leg	ally Binding Agreement in accordance GP-0-08-002 Part IV.G.? ■ Yes ○ No
What tasks/responsibilities are shared with this partner (e.g. MN	WI School Programs of Multiple Tasks)?
• MM1 General Stormwate:	r Information
O MM2	
O MM3	
O MM4	
O MM5	
O MM6	
Additional tasks/responsibilities	
<ul> <li>Watershed Improvement Strategy Best Management Practic watersheds included in GP-0-08-002 Part IX.</li> </ul>	ces required for MS4s in impaired
MCC Page 2	

Albany, New York 12233-3505

# MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 1 8

MCC form for period en	ding March 9, 2 0 1 8
Name of MS4 City of New Rochelle	SPDES ID  N Y R 2 0 A 2 0 7
Section 4 - Certification Statement	
"I certify under penalty of law that this document and direction or supervision in accordance with a system properly gathered and evaluated the information subpersons who manage the system, or those persons die the information submitted is, the best of my knowled aware that there are significant penalties for submitting fine and imprisonment for knowing violations."	designed to assure that qualified personnel mitted. Based on my inquiry of the person or rectly responsible for gathering the information, lige and belief, true, accurate, and complete. I am
This form must be signed by either a principal execu authorized representative of that person as described	tive officer or ranking elected official, or duly in GP-0-08-002 Part VI.J.
First Name  C h a r l e s B	Strome
Title (Clearly print title of individual signing report)  C i t y M a n a g e r	
Signature	Date /
Send completed form and any attachments to the DEG	C Central Office at:
MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway	

If submitting this form as part of a joint report on behalf of a co	SPDES ID blank.
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
Water Quality Trends	
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s are contributed to this report?</li> </ul>	
<ol> <li>Has this MS4/Coalition produced any reports documenting related to stormwater? If not, answer No and proceed to Mi One.</li> <li>If Yes, choose one of the following</li> </ol>	
O Report(s) attached to the annual report	
O Web Page(s) where report(s) is/are provided below	
Please provide specific address of page where report(s) car	be accessed - not home page.
URL	
URL	
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URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

Name of MS4/Coalition City of New Rochelle	SPDES ID  N Y R 2 0 A 2 0 7
Minimum Control Measure 1. Public Ed	ducation and Outreach
The information in this section is being reported (check one):	.,,
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Targeted Public Education and Outreach Best Managem	ent Practices
Check all topics that were included in Education and Outreach d	luring this reporting period:
	saming and reporting period.
Construction Sites	Pesticide and Fertilizer Application
<ul> <li>General Stormwater Management Information</li> </ul>	Pet Waste Management
Household Hazardous Waste Disposal	<ul><li>Recycling</li></ul>
Illicit Discharge Detection and Elimination	O Riparian Corridor Protection/Restoration
O Infrastructure Maintenance	<ul> <li>Trash Management</li> </ul>
○ Smart Growth	<ul><li>Vehicle Washing</li></ul>
Storm Drain Marking	O Water Conservation
O Green Infrastructure/Better Site Design/Low Impact Development	O Wetland Protection
Other:  Leaf Mulching  Other	○ None
2. Specific audiences targeted during this reporting period:	
O Public Employees O Contractors	
● Residential • Developers	
Businesses • General Public	
Restaurants O Industries	
Other: O Agricultural	
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a c	coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
4. Evaluating Progress Toward Measurable Goals MCM 1	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMPI III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SV	VMPP in this reporting period.
Printed information provided at City Hall and can be downloaded to weekly depending on season. Questionnaire on publics understand available for completion and return to the City. Solid Waste sched disposal and stormwater information.	ding of Stormwater Management
B. Briefly summarize the observations that indicated the overa Goal.	ll effectiveness of this Measurable
City initiated leaf bagging program to eliminate leaves from storm 8x's/dy. Spots such as After the Storm, Building Green, Reduce Ruhave been run about 100 times/yr, usually leading up to or followir of seasons and late July/early September. Solid waste schedule where Em, and Leave Em" leaf disposal information mailed to about 28,0	noff, and River Smart Homes ng a major weather event, change nich includes recycling and "Love
C. How many times was this observation measured or evaluate	d in this reporting period?
or arow many times was this observation measured or evaluate	(ex.: samples/participants
D. Has your MS4 made progress toward this Measurable Goal	
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP? • Yes O No
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation sched	
Increase Public awareness for proper pet waste disposal through ins Sound" sign in area of detected discharge. Continue with questionn literature available. Continue Public Service approuncements and T	naire. Continue with making

leaf bagging and mulching programs.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Name of MS4/Coalition City of New Rochelle					N	Y	R :	2 0	A	2	0	7
Minimum Control Measure 2.	Public I	nv	olv	eme	nt/	Part	icir	ati	on			
The information in this section is being reported (check												
<ul><li>On behalf of an individual MS4</li><li>On behalf of a coalition</li></ul>												
How many MS4s contributed to this rej	port?											
<ol> <li>What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?</li> </ol>	the Stor	mw	ate	r Ma	naș				ŗar	n		
Cleanup Events						#Ev	ents					3
O Comments on SWMP Received					#(	Comm	ents		Ī			
Community Hotlines	Phone #	(	9	1 4	)	6	5 4	-	2	1	3	0
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O Community Meetings					# /	Attend	ees					
O Plantings						Sq.	Ft.					
O Storm Drain Markings						# Dra	ins					
O Stakeholder Meetings					# 1	Attend	ees					
O Volunteer Monitoring						# Eve	nts					
Other:												
2. Was public notice of availability of this annual Program (SWMP) Plan provided?	l report :	and	Sto	rmw	ate	r Ma	nag		ent Yes		ON	No.
○ List-Serve						# In L	ist					
O Newspaper Advertising					# I	Days R	un					
TV/Radio Notices					# I	Days R	un				1.	7
Other: City Clerk Bul	l e t	i	n	В	0	ar	d					
<ul> <li>Web Page URL: Enter URL(s) on the following two</li> </ul>	pages.											

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Name of MS4/Coalition City of New Rochelle

#### MS4 Annual Report Form

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

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This report is being submitted for the reporting period ending March 9,  $2 \mid 0 \mid 1 \mid 8$ 

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Name of MS4/Coalition City of New Rochelle	N	YR	2	0	A 2	2 0	)   -	7
4.a. If this report was made available on the internet, what date wa Leave blank if this report was not posted on the internet.		osted:	?	1		-,		
Leave stank it this report was not posted on the internet.	0 5	1 1	5	/	2 (	1	. 8	3
4.b. For how many days was/will this report be posted?					3	6	5	,
If submitting a report for single MS4, answer 5.a If submitting a jo	oint re	eport,	ans	wer	5.b.			
5.a. Was an Annual Report public meeting held in this reporting pe If Yes, what was the date of the meeting?	. 1 . 1			•	Yes	T	N	٦
	0 5	/ 1	5	/ [	2 0	1	8	
If No, is one planned?				•	Yes	0	N	C
5.b. Was an Annual Report public meeting held for all MS4s contril	outing	g to tl	is r	epe	ort d	uri	ng	
this reporting period?				•	Yes	0	No	)
If No, is one planned for each?				0	Yes	0	No	)
6. Were comments received during this reporting period?				0	Yes	•	No	)
If Yes, attach comments, responses and changes made to SWMP in response to comments to this report.								

This report is being submitted for the reporting period ending March 9, 2 0 1 8

Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
7. Evaluating Progress Toward Measurable Goals MCM 2	
Use this page to report on your progress and project plans toward identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
City continues to solicit volunteers for stormwater related activitied questionnaire has been developed for public distribution to determ understanding of Stormwater Management in the City. The quest webpage and in hard copy in the Public Works office.	nine residents and businesses
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
No questionnaires returned this reporting period. No additional ve	olunteer programs.
C. How many times was this observation measured or evaluate	ed in this reporting period?
	0 1
D. Has your MS4 made progress toward this measurable goal	(ox.: samples/participants/event during this reporting period?  • Yes O No
E. Is your MS4 on schedule to meet the deadline set forth in the	e SWMPP?  ● Yes ○ No
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	et the goals of this MCM during
Continue with questionnaire, literature and volunteer solicitation.	

Name of MS4/Coalition City of New Rochelle	SPDES ID    N   Y   R   2   0   A   2   0   7
Minimum Control Measure 3	. Illicit Discharge Detection and Elimination
The information in this section is being reporte	d (check one):
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to</li> </ul>	o this report?
1. Enter the number and approx. percen	t of outfalls mapped: 29# 100%
2. How many of these outfalls have been reporting period (outfall reconnaissan	screened for dry weather discharges during this ce inventory)?
3.a. What types of generating sites/sewers reporting period?	heds were targeted for inspection during this
O Auto Recyclers	O Landscaping (Irrigation)
O Building Maintenance	<ul><li>Marinas</li></ul>
O Churches	O Metal Plateing Operations
O Commercial Carwashes	Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	<ul> <li>Parking Lot Maintenance</li> </ul>
O Construction Vehicle Washouts	O Printing
<ul><li>Cross-Connections</li></ul>	Residential Carwashing
O Distribution Centers	<ul><li>Restaurants</li></ul>
O Food Processing Facilities	<ul> <li>Schools and Universities</li> </ul>
O Garbage Truck Washouts	O Septic Maintenance
O Hospitals	O Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	O Vehicle Maint./Repair Shops
Other:  EPATesting p	O None
O Sewersheds:	

		SPDES ID		
Name of MS4/Coalition City of New Rochelle			2 0 A	2 0 7
3.b. What types of illicit discharges have	e been found during this report	ting period	?	
<ul> <li>Broken Lines From Sanitary Sewer</li> </ul>	O Industrial Connections			
Cross Connections	Inflow/Infiltration			
O Failing Septic Systems	O Pump Station Failure			
O Floor Drains Connected To Storm Sewers	O Sanitary Sewer Overflows			
O Illegal Dumping	O Straight Pipe Sewer Discharges	S		
Other:	O None			
4. How many illicit discharges/potentia reporting period?	l illegal connections have been	detected d	uring th	<b>is</b> 3
5. How many illicit discharges have bee	en confirmed during this repor	ting period	1?	3
6. How many illicit discharges/illegal coperiod?	onnections have been eliminate	d during t	his repor	ting 1
7. Has the storm sewershed mapping be If No, approximately what percent was	een completed in this reporting completed in this reporting period	period?	Yes 1	O No
8. Is the above information available in Is this information available on the w If Yes, provide URL(s):			• Yes • Yes	○ No • No
Please provide specific address of page v	where map(s) can be accessed - n	ot home pa	ige.	
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This report is being submitted for the reporting period ending March 9, 2 0 1 8

Name of MS4/Coalition City of New Rochelle	SPDES ID  N Y R 2 0 A 2 0 7
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward a identified in your Stormwater Management Program Plan (SWMP III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the S	WMPP in this reporting period.
Sanitary Sewer Evaluation Study (SSES) conducted successfully, were detected and notice of violation letters were sent to residenti process of eliminating the illicit connections.	
B. Briefly summarize the observations that indicated the overa	all effectiveness of this Measurable
3 illicit discharge was found and 1 eliminated; the process of elimical collected were tested for fecal and total coliform analysis. City collicit discharges.	
C. How many times was this observation measured or evaluate	ed in this reporting period?
	3
D. Has your MS4 made progress toward this measurable goal	during this reporting period?  • Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in th	
F. Briefly summarize the stormwater activities planned to mee the next reporting cycle (including an implementation sched	0
Inspect outfalls and trunk lines for Illicit Discharges.	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

Na	me of MS4/Coalition City of New Rochelle SPDES ID  N Y R 2	0 A 2	0 7
	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control		
Th	ne information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	a. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Pe Stormwater Discharges from Construction Activities?	0	0 No
1b	o. Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney cerfification or using the NYSDE Analysis Workbook?	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local La 09/2004	aw. 03/2006	O NT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	• Yes	O No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) has reviewed in this reporting period?	ve been	[1]
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of procomments related to construction SWPPPs?  • Yes	o No	ONT
	If Yes, how many public comments were received during this reporting period?		0
5.	Does your MS4/Coalition provide education and training for contractors about SWPPP process?	the loca	I ● No

do not have authority:		
Notices of Violation	#	O No Authority
<ul><li>Stop Work Orders</li></ul>	#	O No Authority
O Criminal Actions	#	O No Authority
O Termination of Contracts	#	O No Authority
<ul> <li>Administrative Fines</li> </ul>	#	O No Authority
O Civil Penalties	#	O No Authority
O Administrative Orders	#	O No Authority
<ul> <li>Enforcement Actions or Sanctions</li> </ul>	#	
O Other	#	O No Authority

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

is submitting this form as part of a joint report on behalf of a	coalition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
Minimum Control Measure 4. Construction Site S	Stormwater Runoff Control
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. How many construction projects have been authorized for o	disturbances of one acre or more
during this reporting period?	1
2. How many construction projects disturbing at least one acr during this reporting period?	re were active in your jurisdiction
3. What percent of active construction sites were inspected du	ring this reporting period? ONT
4. What percent of active construction sites were inspected mo	1 0 0 % ore than once?
	100%
5. Do all inspectors working on behalf of the MS4s contributing	
Construction Stormwater Inspection Manual?	• Yes ONO ONT
6. Does your MS4/Coalition provide public access to Stormwa (SWPPPs) of construction projects that are subject to MS4	review and approval?  • Yes O No O NT
If your MS4 is Non-Traditional, are SWPPPs of construction	
public review?	• Yes O No
If Yes, use the following page to identify location(s) where SWI	PPPs can be accessed.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SEDES ID
Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
6. con't.: Submit additional pages as needed.	
● MS4/Coalition Office	
Department	
Building Bureau	
Address	
5 1 5 North Avenue	7:
New Rochelle NY	Zip 1 0 8 0 1 -
Phone	
(914)654-2036	
O Library	
Address	
City	Zip
Phone	
( ) -	
Other Address	
Address	
City	Zip
Phone	
O Web Page URL(s): Please provide specific address where SWPPPs can	n be accessed - not home page.
URL	
URL	

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition City of New Rochelle SPDES ID  N Y R 2 0 A 2 0 7
7. Evaluating Progress Toward Measurable Goals MCM 4
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
City Building Department continues to monitor projects for compliance with SWPPP's as appropriate.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
Continue inspections of projects requiring SWPPP's.
C. How many times was this observation measured or evaluated in this reporting period?
(ex.: samples/participants/event
D. Has your MS4 made progress toward this measurable goal during this reporting period?  ● Yes ○ No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue to administer and monitor all projects underway over 1 acre.  2 staff persons obtained 4 hour training certificates this reporting period.

This report is being submitted for the reporting period ending March 9, 2 0 1 8

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalitio	n City of New Rochelle			į	NYR	2 0 A 2	2 0 7
Minimum	Control Measure 5	. Post-Cons	struction	Storm	water N	Managem	ent
The information in t	his section is being reporte	ed (check one)	:				
On behalf of an in On behalf of a co		to this report?					
	•	1					
	what type of post-constr inventoried, inspected an					has your	
	#		#	# Time:			
	Invento	ried Inspe	ections I	Maintain	ed		
O Alternative Practic	ces						
Filter Systems			4	2	9		
<ul><li>Infiltration Basins</li></ul>					3		
Open Channels							
Ponds					1		
O Wetlands							
Other							
	electronic tool (e.g. GIS		spreadshee	t) to tra	ick post-	construction Yes	
	non-structural practice Better Site Design/Gree				t Low In	pact	
<ul><li>Building Codes</li></ul>	Municipal Comprehen	nsive Plans					
<ul><li>Overlay Districts</li></ul>	Open Space Preservat	ion Program					
Zoning	O Local Law or Ordinar	nce					
○ None	O Land Use Regulation	Zoning					
O Watershed Plans	Other Comprehensive	Plan					
Other:							1

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		SP	DE2 I	)				
Na	ame of MS4/Coalition City of New Rochelle	N	YF	2	0	A 2	0	7
4a	a. Are the MS4s contributing to this report involved in a regional/watersh	ed v	vide p	lanr	_			
						Yes	0	No
4b	<ol> <li>Does the MS4 have a banking and credit system for stormwater manag</li> </ol>	eme	nt pra	etic	es?			
					0	Yes		No
4c.	<ul> <li>Do the SWMP Plans for each MS4 contributing to this report include a and approval of banking and credit of alternative siting of a stormwate</li> </ul>	pro r ma	tocol :	for e nen	t pr	actice	?	
					0	Yes		No
4d.	l. How many stormwater management practices have been implemented a reporting period?	as pa	rt of	this	syst	tem in	thi	is
_	***				L			
5.	What percent of municipal officials/MS4 staff responsible for program training on Low Impace Development (LID), Better Site Design (BSD) a Infrastructure principles in this reporting period?	impl nd o	emen ther	tatio Gree	n a	ttend		%

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Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
6. Evaluating Progress Toward Measurable Goals MCM	1.5
Use this page to report on your progress and project plans tow identified in your Stormwater Management Program Plan (SV III.C.1. Submit additional pages as needed.	vard achieving measurable goals WMPP), including requirements in Part
A. Briefly summarize the Measurable Goal identified in the	he SWMPP in this reporting period.
Identify and Inventory all Best Management Practices in place	ce.
B. Briefly summarize the observations that indicated the Goal.	overall effectiveness of this Measurable
No BMP's inventoried this reporting period.	
C. How many times was this observation measured or eval	luated in this reporting period?
D. Warner MCA	(ex.: samples/participants/even
D. Has your MS4 made progress toward this measurable g	goal during this reporting period?  • Yes • No
E. Is your MS4 on schedule to meet the deadline set forth i	
F. Briefly summarize the stormwater activities planned to the next reporting cycle (including an implementation se	● Yes ○ No meet the goals of this MCM during chedule).
Continue to identify and add to inventory new Best Manageme inspection and maintenance in accordance with SWPPP requir	ent Practices brought on line. Insure rements.

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Name of MS4/Coalition City of New Rochelle	N Y R 2 0 A 2 0 7
Minimum Control Measure 6. Stormwater Manag	gement for Municipal Operations
The information in this section is being reported (check one):	
<ul> <li>On behalf of an individual MS4</li> <li>On behalf of a coalition</li> <li>How many MS4s contributed to this report?</li> </ul>	
1. Choose/list each municipal operation/facility that contribe Pollutants of Concern to the MS4 system. For each operation/facility has been addressed in the MS4's/Coality Program(SWMP) Plan and whether a self-assessment has reporting period. A self-assessment is performed to: 1) do potentially generated by the permittee's operations and factorise fectiveness of existing programs and 3) identify the muthat will be addressed by the pollution prevention and go not done already.	ation/facility indicate whether the ion's Stormwater Management is been performed during the etermine the sources of pollutants acilities; 2) evaluate the inicipal operations and facilities
	Self-Assessment Operation/Activity/Facility
	performed within the past 3
Operation/Activity/Facility Addressed in S	<u>wears?</u>
	No ● Yes ○ No
	No • Yes O No
Winter Road Maintenance • Yes	No • Yes O No

Salt Storage..... • Yes

Solid Waste Management..... • Yes

New Municipal Construction and Land Disturbance.. • Yes

Right of Way Maintenance..... 

Yes

Marine Operations..... • Yes

Hydrologic Habitat Modification..... O Yes

Parks and Open Space..... 9 Yes

Municipal Building..... • Yes

Stormwater System Maintenance..... 

Yes

Vehicle and Fleet Maintenance..... 

Yes

Other..... O Yes

○ No ...... • Yes

○ No ..... • Yes

○ No ..... • Yes

○ No ..... • Yes

No ..... O Yes

O No ..... • Yes

○ No ..... • Yes

○ No ..... • Yes

O No ..... • Yes

● No O Yes

O No

O No

O No

O No

O No

No

O No

O No

O No

O No

No

This report is being submitted for the reporting period ending March 9,  $\begin{bmatrix} 2 & 0 & 1 & 8 \end{bmatrix}$  If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID				
Name of MS4/Coalition City of New Rochelle	NYR	2 0	A	2 0	7
2. Provide the following information about municipal operations go	ood houseke	eeping	g pro	gra	ms:
<ul><li>Parking Lots Swept (Number of acres X Number of times swept)</li></ul>	# Acre	es		1	8
<ul><li>Streets Swept (Number of miles X Number of times swept)</li></ul>	# Mile	es	9	9 8	2
<ul> <li>Catch Basins Inspected and Cleaned Where Necessary</li> </ul>		#		8 6	5
<ul> <li>Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary</li> </ul>		#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs	s. 🔲			
O Nitrogen Applied In Chemical Fertilizer	# Lbs	s. 🗍	T	+	
O Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.)	# Acres			<u></u>	
3. How many stormwater management trainings have been provide during this reporting period?	d to munici	pal en	nplo	yees	1
4. What was the date of the last training?	0 5 / 2	4 /	2 (	1	7
5. How many municipal employees have been trained in this reporti	ng period?				1
6. What percent of municipal employees in relevant positions and destormwater management training?	epartments	receiv	e 2	5	%

This report is being submitted for the reporting period ending March 9, 2 0 1 8

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Name of MS4/Coalition City of New Rochelle NYR20A207
7. Evaluating Progress Toward Measurable Goals MCM 6
Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed.
A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period.
Number of Stormwater Catch Basins Inspected and Cleaned. Install, maintain and store 5 aerators.  2 at Twin Lakes, 2 at Beechmont Lake and 2 at Glenwood Lake.
B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal.
865 catch basins inspected and cleaned. 415 catch basins repaired. 720 cubic yards of street sweeping material collected and disposed of.
C. How many times was this observation measured or evaluated in this reporting period?
1
(ex.: samples/participants/event)  D. Has your MS4 made progress toward this measurable goal during this reporting period?
• Yes • No
E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?
● Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule).
Continue to inspect and clean stormwater catch basins. Continue to provide scheduled sweeping and other maintenance as per stormwater management plan.

of MCA/Contin	rm as part of a joint repo	ort on behalf of a coalition	n leave SPDES ID blank.  SPDES ID  N Y R 2 0
me of MS4/Coalition			N I K Z O
Additional Water	rshed Improveme	nt Strategy Best Ma	anagement Practices
e information in this section	is being reported (chec	k one):	
On behalf of an individual M			
	do contributed to this -		
now many MS <sup>2</sup>	4s contributed to this r	eport?	
S4s must answer the que	estions or check NA s	s indicated in the tabl	a halow
	buons of enter 1471 a	is indicated in the tabl	e below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed		-	-
raditional Land Use raditional Non-Land Use	1,2,3,4,5,6,7a-d,8a,8b,9	10,11,12	Phosphorus
Ion-Traditional	1,2,3,4,7a-d,8a,8b,9 1,2,77a-d,8a,8b,9	5,10,11,12	Phosphorus
Onondaga Lake Watershed	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
raditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Di analana
raditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus Phosphorus
lon-Traditional	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Greenwood Lake Watershed	1,0,74 4,04,7	2,3,4,3,60,10,11,12	Phosphorus
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay		-	-
raditional Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
raditional Non-Land Use	1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b	Pathogens
on-Traditional	1,4,7a-d,9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary raditional Land Use			-
raditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
on-Traditional	1,4,7a-d,8a,9,10,11,12 1,4,7a-d,8a,9	2,3,5,6,8b 2,3,4,5,8b,10,11,12	Pathogens and Nitrogen
Oscawana Lake Watershed	1,4,74-4,04,5	2,3,4,3,80,10,11,12	Pathogens and Nitrogen
raditional Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
raditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
on-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
LI 27 Embayments	*		_
and discount Y and Y To	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Land Use	1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b	Pathogens
raditional Land Use raditional Non-Land Use on-Traditional	1,2,3,4,7a-d,9	5,6,8a,8b,10,11,12	

	This report is being submitted for the reporting period ending	March 9,		
	If submitting this form as part of a joint report on behalf of a coalition	leave SPDE	S ID bla	nk.
		SPDES ID		
		N Y R 2	0 1 7	
Na	ame of MS4/Coalition	N I R Z	0	
3.	Does your MS4/Coalition have a Stormwater Conveyance System (		ure) Ins	-
	and Maintenance Plan Program?	O Yes	O No	O N/A
4.	Estimate the percentage of on-site wastewater treatment systems the and maintained or rehabilitated as necessary in this reporting periods.		en inspe	cted %
5.	Has your MS4/Coalition developed a program that provides protec NYSDEC SPDES General Permit for Stormwater Discharges from (GP-0-08-001) to reduce pollutants in stormwater runoff from cons	Constructi truction act	on Activities t	vities hat
	disturb five thousand square feet or more?	O Yes	O No	O N/A
	Has your MS4/Coalition developed a program to address post-construnoff from new development and redevelopment projects that dist equal to one acre that provides equivalent protection to the NYS DI Permit for Stormwater Discharges from Construction Activities (G) the New York State Stormwater Design Manual Enhanced Phospho Standards?	urb greater EC SPDES P-0-08-001) orus Remov O Yes	than of General , includ	r I
7a.	Does your MS4/Coalition have a retrofitting program to reduce erosphosphorus/nitrogen/pathogen loading?	sion or ○ Yes	O No	O N/A
7b.	How many projects have been sited in this reporting period?			
7c.	What percent of the projects included in 7b have been completed in	this report	ing neri	od?
	,	Toport.	S Person	1%
7d.	What percent of projects planned in previous years have been comp	leted?		%
		O No	Projects	Planned
	Has your MS4/Coalition developed and implemented a turf manager procedures policy that addresses proper fertilizer application on mulands?		wned	
	Has your MS4/Coalition developed and implemented a turf manager procedures policy that addresses proper disposal of grass clippings a municipally owned lands?	nd leaves f	rom	
	manapanj omnou muo.	O Yes	O NO	O N/A

This report is being submitted for the reporting period ending I If submitting this form as part of a joint report on behalf of a coalition l		S ID blan	k.
Name of MS4/Coalition	PDES ID	0	
9. Has your MS4/Coalition developed and implemented a program of n			O N/A
10. Has your MS4/Coalition enacted a local law prohibiting pet waste on prohibiting goose feeding?			rties and
11. Does your MS4/Coalition have a pet waste bag program?	O Yes	O No	O N/A
12. Does your MS4/Coalition have a program to manage goose populations?	○ Yes	○ No	O N/A